

Name  
in  
Full

CERTIFICATE OF DEATH

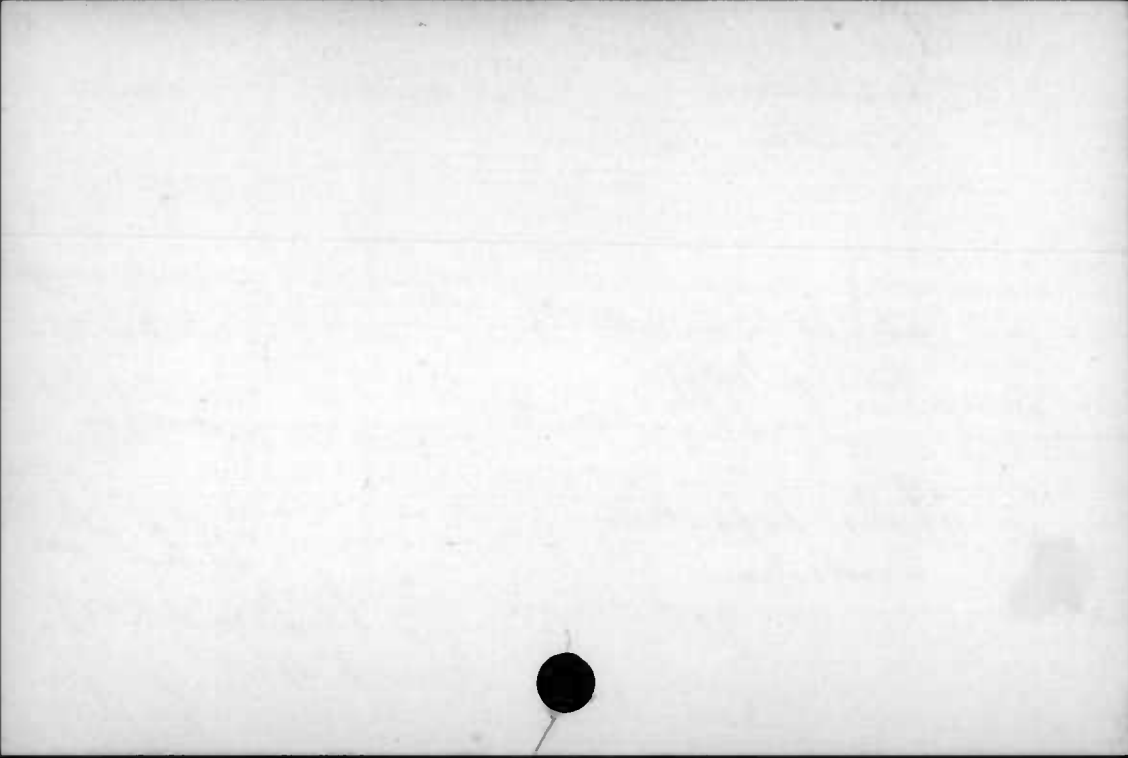
TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |   |  |  |  |   |  |
|---|--|---|--|--|--|---|--|
| Name<br><i>Joshua Allen</i>                     |  | Town<br><i>Frederick</i>                                      |  | County<br><i>I. A.</i>                     |  | State<br><i>MARYLAND</i>                    |  |
| Died at<br><i>Frederick</i>                     |  | Month<br><i>May</i>   |  | Day<br><i>6</i>                            |  | Years<br><i>1907</i>                        |  |
| Date<br>of death                                |  | Month   |  | Day  |  | Years                                       |  |
| Sex<br><i>Male</i>                              |  | Color or<br>Race<br><i>Black</i>                              |  | Birth-<br>place<br><i>I. A. Co</i>         |  | Months<br><i>7</i>                          |  |
| Occupation<br><i>none</i>                       |  | Where Residing if not<br>at place of death<br><i>I. A. Co</i> |  | Days                                       |  |   |  |
| Married, Single<br>or Widowed<br><i>Single</i>  |  | Name of Wife or<br>Husband                                    |  | Father's<br>Name<br><i>Robert Allen</i>    |  | Father's<br>Birthplace<br><i>I. A. Co</i>   |  |
| Mother's<br>Maiden Name<br><i>Sattie Thomas</i> |  | Name of person giving<br>Information<br><i>Robert Allen</i>   |  | Mother's<br>Birthplace<br><i>Baltimore</i> |  | How related<br>to deceased<br><i>Father</i> |  |

CAUSES OF DEATH

**157**

|  |   |  |
|--|---|--|
| PHYSICIAN<br>OR CORONER                  | Primary<br><i>Delicate from birth</i>   | How long<br><i>4 Days</i>                |
|  | Immediate<br><i>Spasms</i>  | How long<br><i>4 Days</i>                |
|  | Are the name, age, sex, color, date<br>and place correctly given above?<br><i>yes</i> | Signature of<br>Physician<br><i>None</i> |
|  |   | Address<br><i>Frederick</i>              |
| Accident or Suicide?<br><i>Sub Night</i> |   |  |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mary E. Barrett

Died *Mar Ralphs wharf* TownCounty *Queen Anne's*

MARYLAND

Date of death *1907* Month *May*Day *28*

Age Years

Months *8*

Days

Sex *Female*Color or Race *Colored*Birth-place *Mar Ralphs wharf*

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name *Joseph Barrett**(105)*Father's Birthplace *Queen Anne's Co.*Mother's Maiden Name *Lerena Griffin*Mother's Birthplace *" " "*Name of person giving information *Joseph Barrett*How related to deceased *Father*

## CAUSES OF DEATH

Primary *Cholera Infantum*How long *2 days*Immediate *Prostration*How long *10 hours*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *S. C. Dudley*Address *Church Hill*

Accident or Suicide?

*Queen Anne's Co. Md*

Bury Messer Dean



Name  
in  
Full

Sarah Bain

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |                              |                                       |  |                    |                               |
|--|------------------------------|---------------------------------------|--|--------------------|-------------------------------|
| Died at <u>Ingleside</u> Town                        |                              | <u>Queen Anne</u> County              |  | MARYLAND           |                               |
| Date of death  | <u>1907</u>                  | Month <u>5</u>                        | Day <u>11</u>                                    | Age <u>2</u> Years | Months <u>—</u> Days <u>—</u> |
| Sex <u>Female</u>                                    | Color or Race <u>Colored</u> |                                       | Birth-place <u>Ind</u>                           |                    |                               |
| Occupation <u>—</u>                                  |                              |                                       | Where Residing if not at place of death <u>—</u> |                    |                               |
| Married, Single or Widowed <u>single</u>             |                              | Name of Wife or Husband <u>—</u>      |  |                    |                               |
| Father's Name <u>Ernest Bain</u>                     |                              | Father's Birthplace <u>Ind</u>        |  |                    |                               |
| Mother's Maiden Name <u>Bessie Bain</u>              |                              | Mother's Birthplace <u>Ind</u>        |  |                    |                               |
| Name of person giving information <u>Ernest Bain</u> |                              | How related to deceased <u>Father</u> |  |                    |                               |

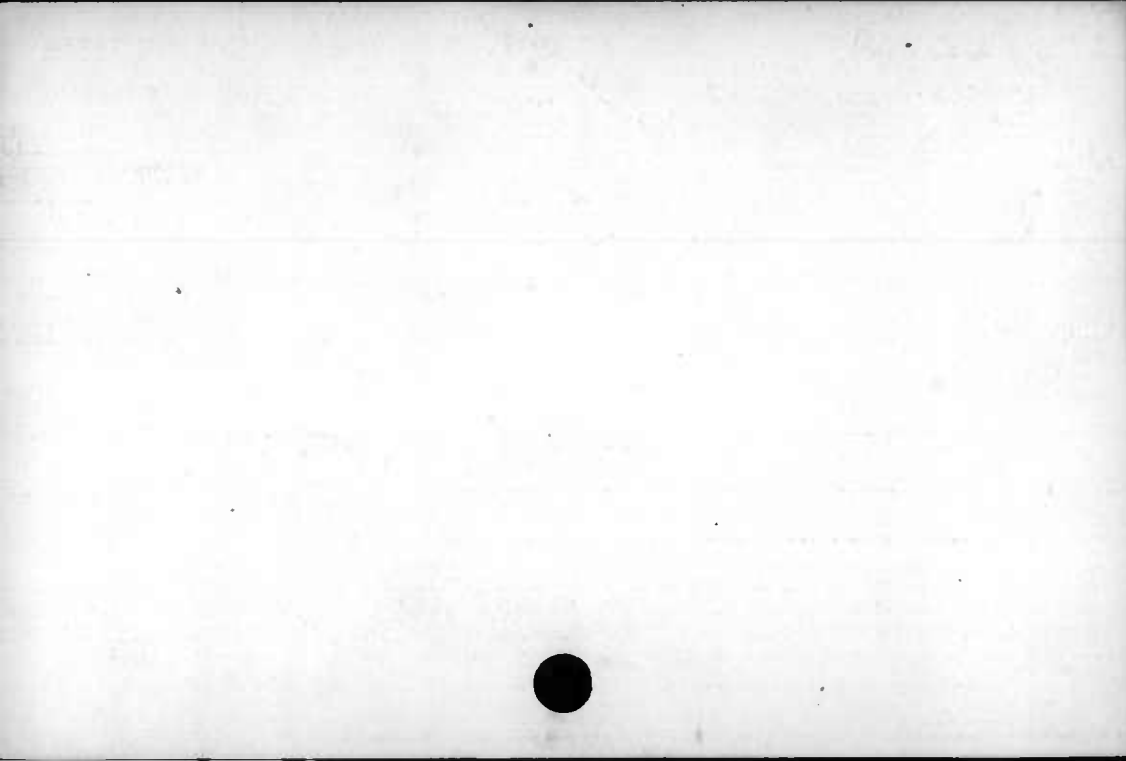
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |  |   |
|--|--|---|
| Primary <u>Pertussis</u>   | <u>(8)</u>                                     | How long                                  |
| Immediate  |  | How long                                  |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <u>Robert J. Diller</u> | Address <u>Dudlersville</u> <u>Per H.</u> |
|  |  |   |
| Accident or Suicide?   |  | <u>Ind</u>                                |



| Name in Full  |                              | Certificate of Death    |               |                 |          |
|---|------------------------------|-------------------------|---------------|-----------------|----------|
| No name Blough  |                              | TOWN County MARYLAND    |               |                 |          |
| Died at near Burnsville   |                              | Zanesville              |               |                 |          |
| Date of death   | 1907                         | Month                   | 5             | Day             | 29       |
| Age   |                              | Years                   | Months        |                 |          |
| Sex   |                              | male                    | Color or Race | white           |          |
| Occupation  |                              | none                    | Birth-place   | near Burnsville |          |
| Where Residing if not at place of death   |                              | Alleged birth           |               |                 |          |
| Married, Single or Widowed  | single                       | Name of Wife or Husband |               |                 |          |
| Father's Name   | Engene Blough                | Father's Birthplace     |               |                 |          |
| Mother's Maiden Name  | Martha K. Salway             | Mother's Birthplace     |               |                 |          |
| Name of person giving information   | Engene Blough                | How related to deceased |               |                 |          |
| <div style="text-align: center;">CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; width: 50px; margin: 0 auto; padding: 5px;">151</div> |                              |                         |               |                 |          |
| Primary   | Died in 1/2 hour after birth |                         |               |                 | How long |
| Immediate   |                              |                         |               |                 | How long |
| Are the name, age, sex, color, date and place correctly given above?  | yes                          |                         |               |                 |          |
| Signature of Physician  | J. M. ... MD.                |                         |               |                 |          |
| Address   | Zanesville, Ohio             |                         |               |                 |          |
| Accident or Suicide?  | no                           |                         |               |                 |          |





Name  
in  
Full

Mary J. Dario

## CERTIFICATE OF DEATH

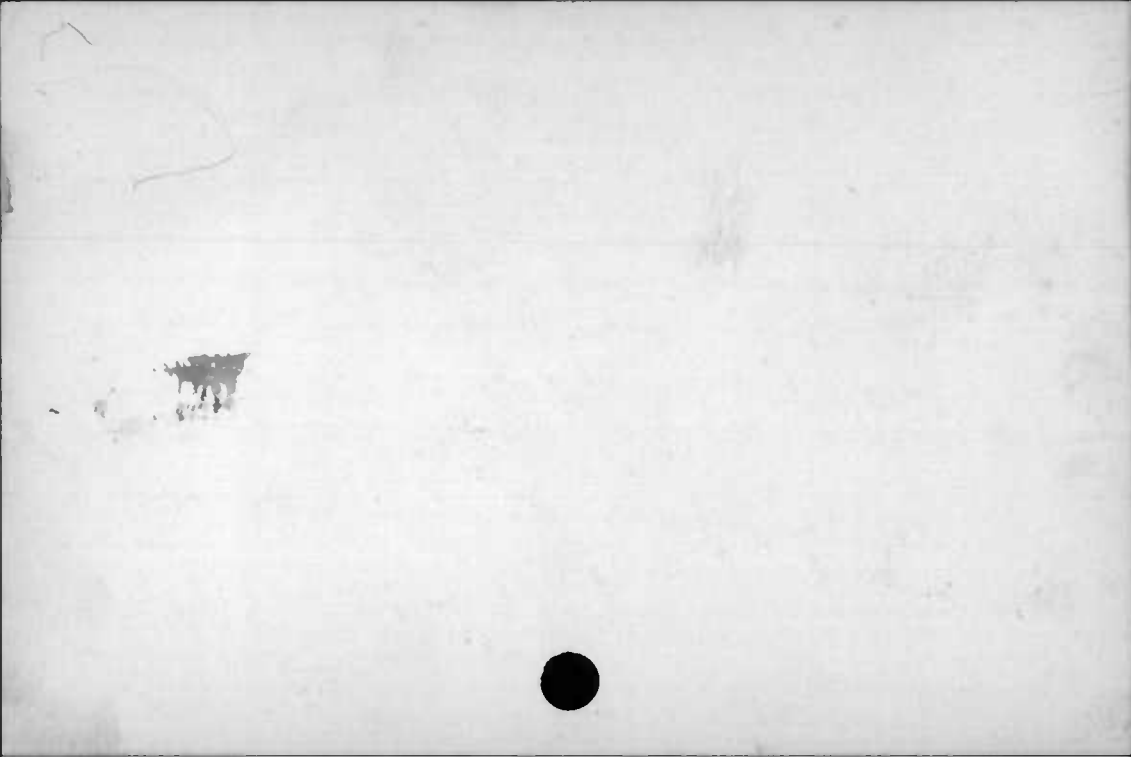
TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                     |   |  |                         |                               |
|-----------------------------------|---------------------|---|--|-------------------------|-------------------------------|
| Died at <i>Mr. Coates</i> Town    |                     | <i>22</i> County                                  |  | - MARYLAND              |                               |
| Date of death                     | <i>1907</i> Month   | <i>May</i> Day                                    | <i>17</i> Age  | <i>69</i> Years         | <i>2</i> Months <i>1</i> Days |
| Sex                               | <i>Female</i>       | Color or Race                                     | <i>White</i>   | Birth-place             | <i>Maryland 240</i>           |
| Occupation                        | <i>Housekeeper</i>  |   | Where Residing if not at place of death <i>Jeff Dario - Prior Md</i> |                         |                               |
| Married, Single or Widowed        | <i>Widow</i>        | Name of Wife or Husband <i>James Butler Dario</i> |  |                         |                               |
| Father's Name                     | <i>James Butler</i> |   |  | Father's Birthplace     | <i>Md</i>                     |
| Mother's Maiden Name              | <i>May Coates</i>   |   |  | Mother's Birthplace     | <i>Md</i>                     |
| Name of person giving information | <i>Jeff Dario</i>   |   |  | How related to deceased | <i>Son</i>                    |

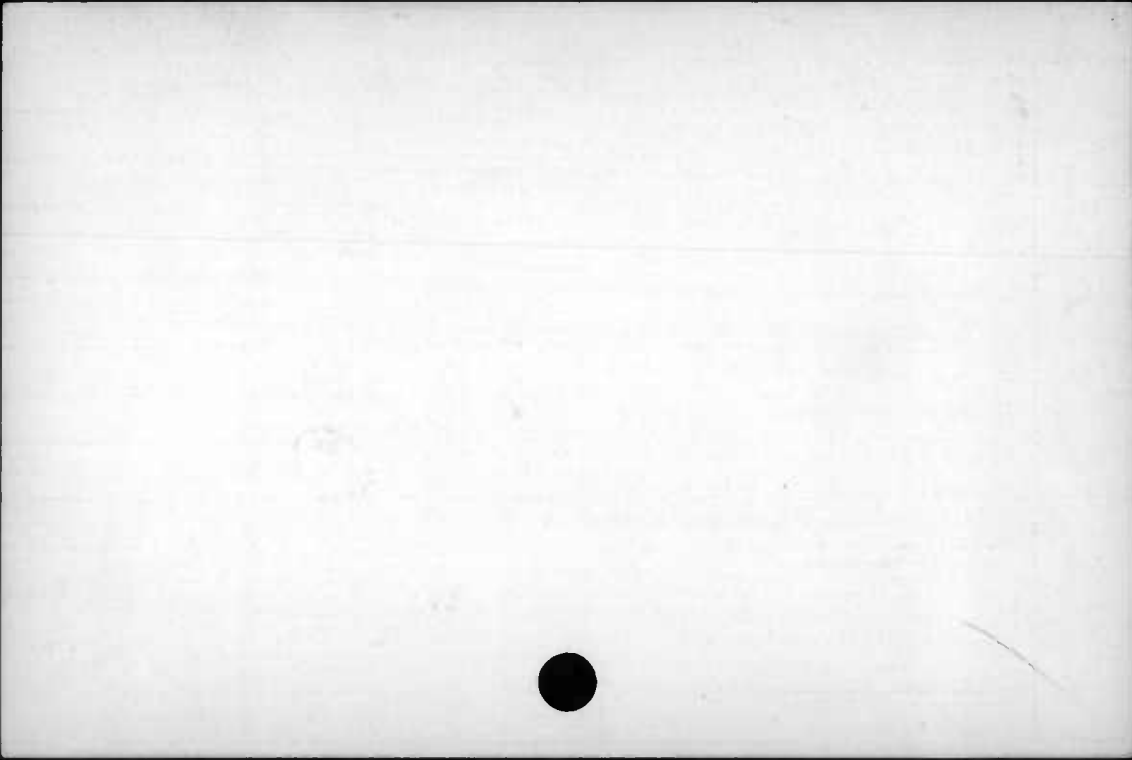
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                   |                      |               |
|--|-------------------|----------------------|---------------|
| Primary  | <i>Paralysis</i>  | How long             | <i>2 days</i> |
| Immediate  | <i>Exhaustion</i> | How long             | <i>2 days</i> |
| Are the name, age, sex, color, date and place correctly given above? |                   | <i>yes</i>           |               |
| Signature of Physician   |                   | <i>H. G. Gaffney</i> |               |
| Address  |                   | <i>Church Hill</i>   |               |
| Accident or Suicide?   |                   | <i>No</i>            |               |



| Name<br>in<br>Full                  |   | Douglas                          |              |                  |                           | CERTIFICATE OF DEATH       |                     |
|-------------------------------------|---|----------------------------------|--------------|------------------|---------------------------|----------------------------|---------------------|
| TO BE ANSWERED BY<br>NEAREST FRIEND | Died at   | Stennisville                     |              | Town             |                           | Queen Anne                 |                     |
|                                     | County  |                                  |              |                  | MARYLAND                  |                            |                     |
|                                     | Date<br>of death 190  | 7                                | Month<br>May | 3                | Day<br>rd                 | Age                        | Years               |
|                                     | Sex   | Male                             |              | Color or<br>Race | Black                     |                            | Birth-<br>place     |
|                                     | Married, Single<br>or Widowed   |                                  | —            |                  | Occupation                |                            |                     |
|                                     | Name of Wife or<br>Husband  |                                  |              |                  |                           |                            |                     |
| FATHER'S NAME                       | Father's<br>Name  | Fred. Douglas Jerome Henry Lewis |              |                  |                           | Father's<br>Birthplace     | Kent Is.            |
|                                     | Mother's<br>Maiden Name   | Sophia Johns                     |              |                  |                           | Mother's<br>Birthplace     | " "                 |
|                                     | Name of person giving<br>In formation                                   | F. A. J. A. Lewis                |              |                  |                           | How related<br>to deceased | Father              |
|                                     | CAUSES OF DEATH   |                                  |              |                  |                           |                            |                     |
| PHYSICIAN<br>OR CORONER             | Primary   | Premature birth                  |              |                  |                           | How long                   |                     |
|                                     | Immediate   | Birth before time of viability   |              |                  |                           | How long                   |                     |
|                                     | Are the name, age, sex, color, date<br>and place correctly given above? |                                  |              |                  | Signature of<br>Physician |                            | W. C. Jones         |
|                                     |   |                                  |              |                  | Address                   |                            | Stennisville<br>Md. |
|                                     | Accident or Suicide?  |                                  |              |                  |                           |                            |                     |



Name in Full

Certificate of Death

Elmer Eruss-Gorden

Died at

Town

Sudbroville

County

Jenn Anne

MARYLAND

Date

1907

Month

Day

5 - 31

Y.

M.

D.

Native of

Occupation

Date

Age

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Cause of

Primary

Malnutrition

Death

Immediate

Mayas yrus, Pro'sion

Accident, Suicide, Homicide

Reported by

Gosley Suder

Address

Sudbroville Md.

1907

(179)

Mother's

Name

Malie Gorden

How long sick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Father's birthplace Unknown

Mother's birthplace Unknown

Name  
in  
Full

Martha Glasgow

CERTIFICATE OF DEATH

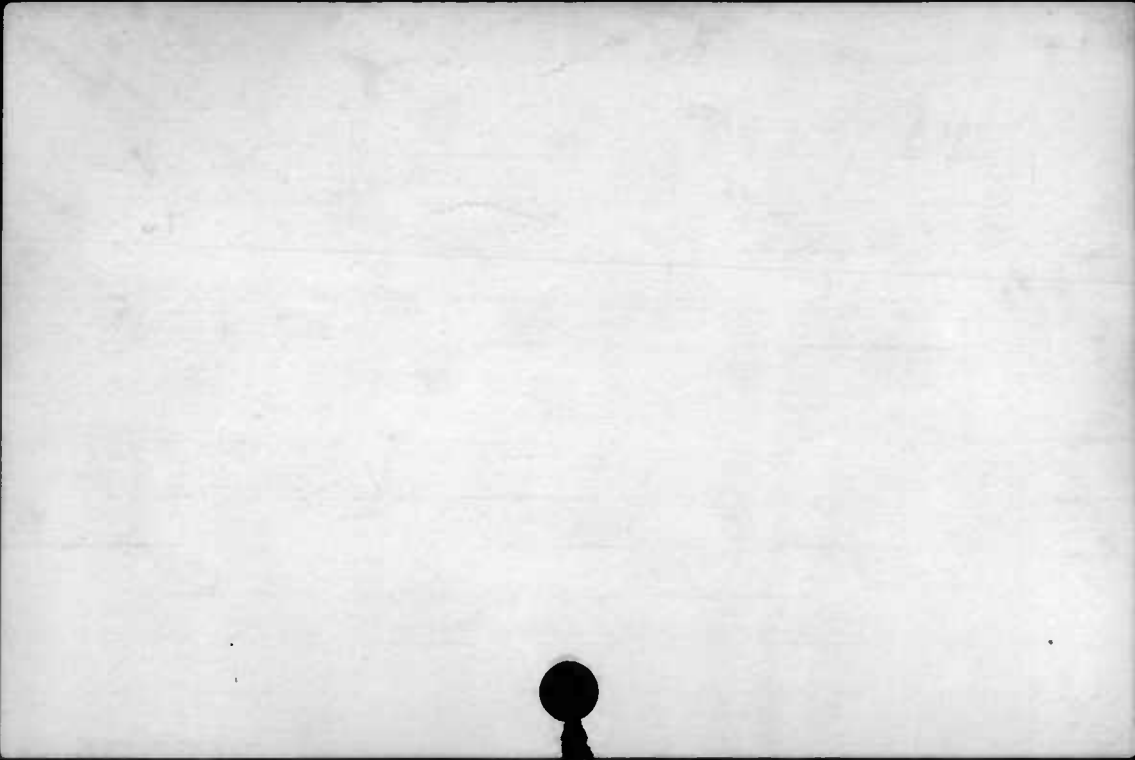
TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |                                   |  |
|---|--|-----------------------------------|--|
| Died at <u>Stevensville</u> <sup>Town</sup> <u>Q. D.</u> <sup>County</sup>  |  | MARYLAND                          |  |
| Date of death 190 <u>7</u> <sup>Month</sup> <u>May</u> <sup>Day</sup> <u>15</u> <sup>Years</sup> <u>36</u> <sup>Months</sup> <u>2</u> <sup>Days</sup> |  |                                   |  |
| Sex <u>Female</u>   | Color or Race <u>Black</u>             | Birth-place <u>Spaniards Neck</u> |  |
| Married, Single or Widowed <u>married</u>   | Occupation <u>Housewife</u>            |                                   |  |
| Name of <del>Wife or</del> Husband <u>Jacob Glasgow</u>   |  |                                   |  |
| Father's Name <u>Henry Stout</u>  | Father's Birthplace <u>md</u>          |                                   |  |
| Mother's Maiden Name <u>Katherine Stout</u>   | Mother's Birthplace <u>md</u>          |                                   |  |
| Name of person giving information <u>Jacob Glasgow</u>  | How related to deceased <u>husband</u> |                                   |  |
| CAUSES OF DEATH   |  |                                   |  |

135

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <u>Confinement</u>  | How long <u>12 hours</u>                 |
| Immediate <u>Hemorrhage &amp; Exhaustion</u>                                    | How long <u>12 hours</u>                 |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>Percy Kemp</u> |
|   | Address <u>Stevensville, md</u>          |
| Accident or Suicide?  |  |





Name  
in  
Full

Ann Maria Green

## CERTIFICATE OF DEATH

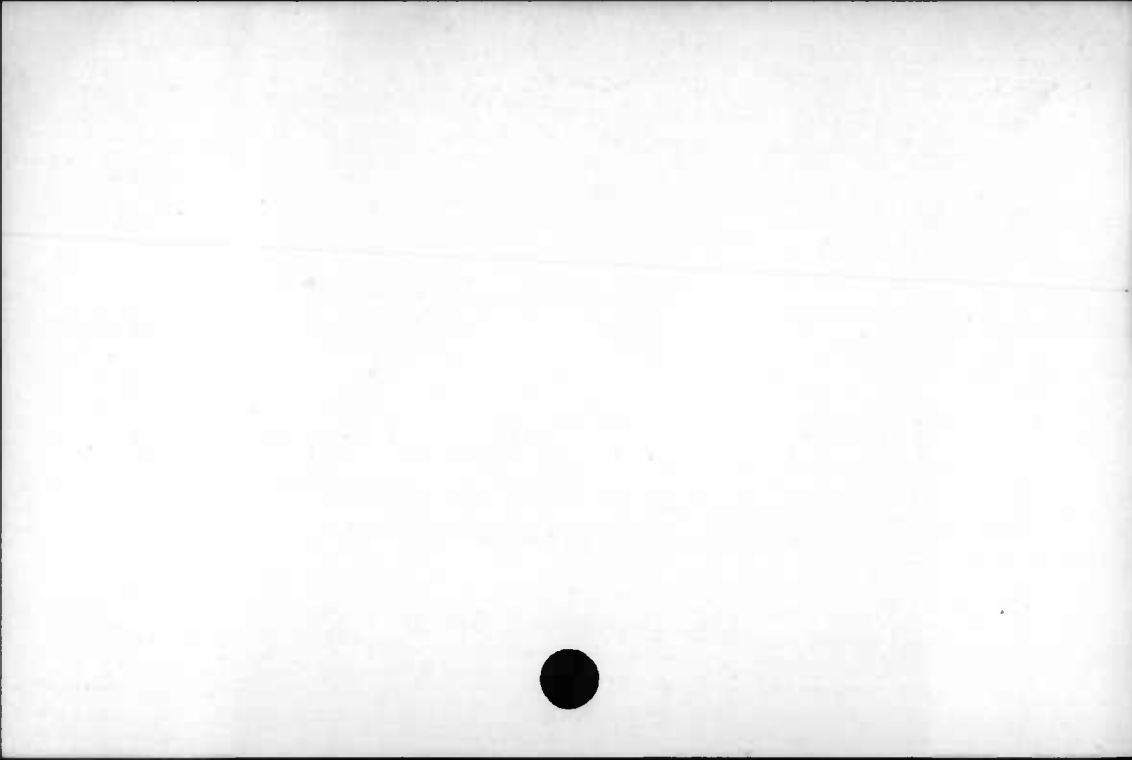
TO BE ANSWERED BY  
NEAREST FRIEND

|   |                  |   |   |             |                |
|---|------------------|---|---|-------------|----------------|
| Died at <i>Ineen Anne</i> <small>Town</small> |                  | <i>Ineen Anne</i> <small>County</small> |   | MARYLAND    |                |
| Date of death                                 | 1907             | Month                                   | May                                     | Day         | 15             |
|   |                  |   |   | Age         | 47             |
| Sex   | Female           | Color or Race                           | Colored                                 | Birth-place | Ineen Anne, Co |
| Occupation                                    | House wife       |   | Where Residing if not at place of death |             |                |
| Married, Single or Widowed                    | Married          | Name of Wife or Husband                 | John H Green                            |             |                |
| Father's Name                                 | Alex H andy      |   | Father's Birthplace                     | Not known   |                |
| Mother's Maiden Name                          | Charlotte Wilmer |   | Mother's Birthplace                     | Not known   |                |
| Name of person giving information             | John R. Conyer   |   | How related to deceased                 | Not related |                |

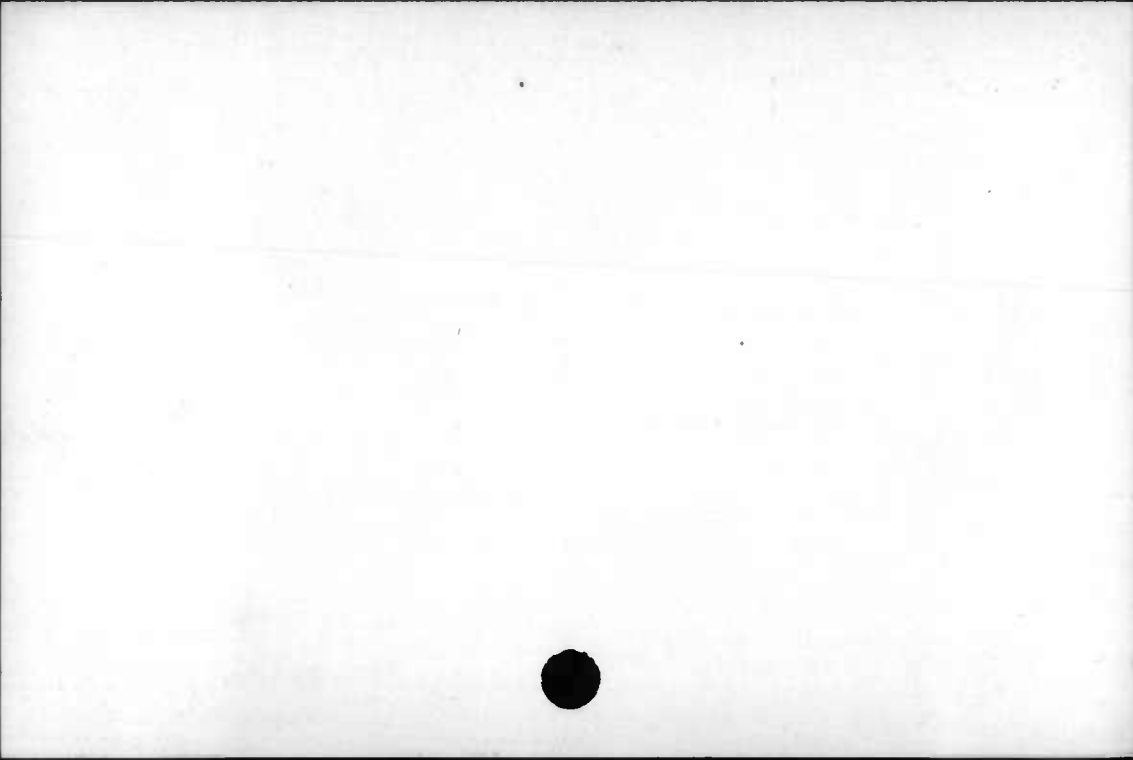
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

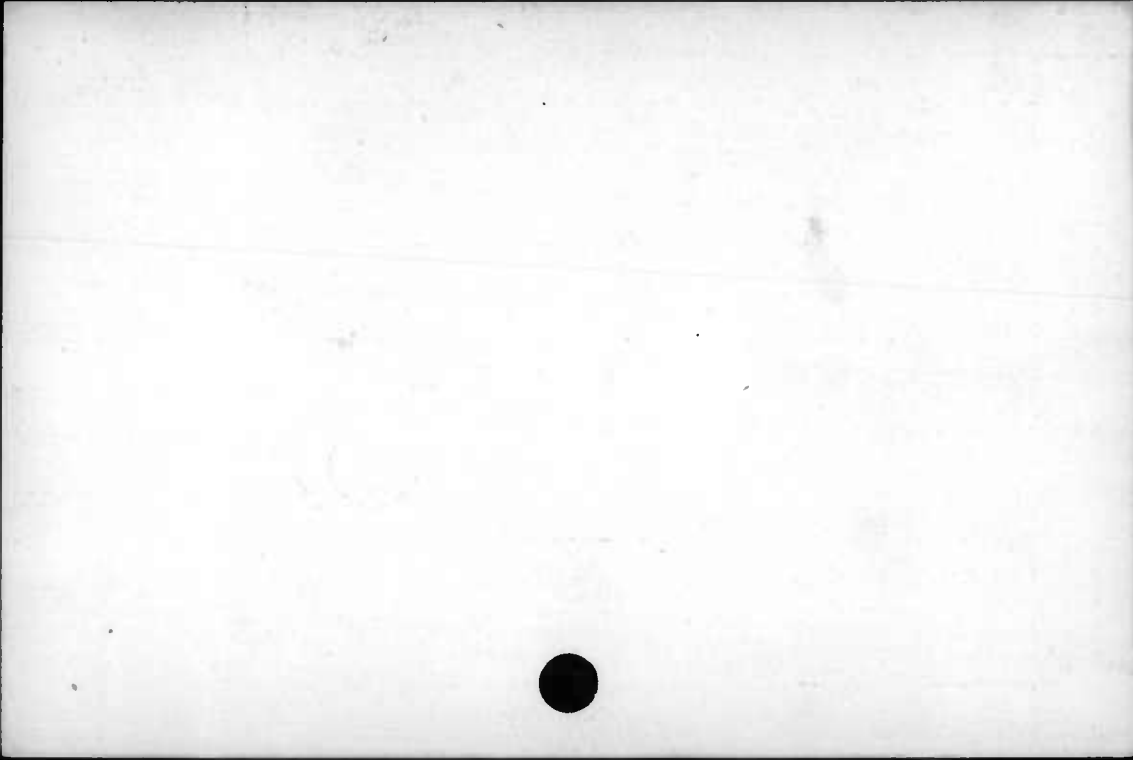
|  |                                  |                        |                                   |
|--|----------------------------------|------------------------|-----------------------------------|
| Primary  | Paralysis                        | How long               | 4 years                           |
| Immediate  | Paralysis 3 <sup>rd</sup> stroke | How long               | 10 days                           |
| Are the name, age, sex, color, date and place correctly given above? | Yes                              | Signature of Physician | Walter H. Fenby                   |
|  |                                  | Address                | Centerville, P.R., No. 4,<br>Ind. |
| Accident or Suicide?   |                                  |                        |                                   |



|   |  |  |  |  |  |
|---|--|--|--|--|--|
| Name in Full<br><b>Unnamed Baby</b>   |  | Hawkins  |  | CERTIFICATE OF DEATH                       |  |
| Died at <b>Centerville R.R. No. 1</b>   |  | Town <b>Centerville</b>                        |  | County <b>Queen Anne</b>                   |  |
| Date of death <b>1907</b>   |  | Month <b>May</b>                               |  | Day <b>11</b>                              |  |
| Age <b>3</b>  |  | Years <b>3</b>                                 |  | Months <b>3</b>                            |  |
| Sex <b>Male</b>   |  | Color or Race <b>Colored</b>                   |  | Birth-place <b>Centerville, R.R. No. 1</b> |  |
| Occupation  |  | Where Residing if not at place of death        |  |  |  |
| Married, Single or Widowed <b>Single</b>  |  | Name of Wife or Husband                        |  |  |  |
| Father's Name <b>Wm J Hawkins</b>   |  | (15D)  |  | Father's Birthplace <b>Star, Md.</b>       |  |
| Mother's Maiden Name <b>Alberta Wilson</b>                                      |  |  |  | Mother's Birthplace <b>Centerville</b>     |  |
| Name of person giving information <b>Wm J Hawkins</b>                           |  | How related to deceased <b>Father</b>          |  |  |  |
| CAUSES OF DEATH   |  |  |  |  |  |
| Primary <b>Abnormal Delivery</b>  |  | How long <b>3 hours</b>                        |  |  |  |
| Immediate   |  | How long                                       |  |  |  |
| Are the name, age, sex, color, date and place correctly given above? <b>Yes</b> |  | Signature of Physician <b>Walter H. Fierly</b> |  |  |  |
|   |  | Address <b>Centerville R.R. No. 4 Md.</b>      |  |  |  |
| Accident or Suicide?  |  |  |  |  |  |



| Name in Full   |   | Hollingsworth                    |                                       |   |                   | CERTIFICATE OF DEATH    |                  |
|--|---|----------------------------------|---------------------------------------|---|-------------------|-------------------------|------------------|
| TO BE ANSWERED BY<br>NEAREST FRIEND                          | Died at <u>near Starr</u> <sup>Town</sup>                                       |                                  | <u>2. A.</u> <sup>County</sup>        |   | MARYLAND          |                         |                  |
|  | Date of death <u>1907</u>   | Month <u>5</u>                   | Day <u>14</u>                         | Age <u>none</u>                           | Years <u>none</u> | Months <u>none</u>      | Days <u>none</u> |
|  | Sex <u>male</u>   | Color or Race <u>white</u>       |                                       | Birth-place <u>near Starr</u>             |                   |                         |                  |
|  | Occupation <u>none</u>  |                                  |                                       | Where Residing if not at place of death   |                   | <u>Place of birth</u>   |                  |
|  | Married, Single or Widowed <u>single</u>  | Name of Wife or Husband <u>—</u> |                                       |   |                   |                         |                  |
|  | Father's Name <u>Jm B. Hollingsworth</u>  |                                  |                                       | Father's Birthplace <u>2. A. Co</u>       |                   |                         |                  |
|  | Mother's Maiden Name <u>Mary Ellen Higgins</u>                                  |                                  |                                       | Mother's Birthplace <u>2. A. Co</u>       |                   |                         |                  |
| Name of person giving information <u>Jm B. Hollingsworth</u> |   |                                  | How related to deceased <u>father</u> |   |                   |                         |                  |
| CAUSES OF DEATH  |   |                                  |                                       |   |                   |                         |                  |
| PHYSICIAN<br>OR CORONER                                      | Primary <u>Dead Born</u>  |                                  |                                       | (18)                                      |                   | How long <u>—</u>       |                  |
|  | Immediate <u>—</u>  |                                  |                                       |   |                   | How long <u>—</u>       |                  |
|  | Are the name, age, sex, color, date and place correctly given above? <u>yes</u> |                                  |                                       | Signature of Physician <u>[Signature]</u> |                   | Address <u>Buttrick</u> |                  |
|  | Accident or Suicide? <u>no</u>  |                                  |                                       |   |                   | <u>Green Am Co</u>      |                  |



Name  
in  
Full

Francis Honey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

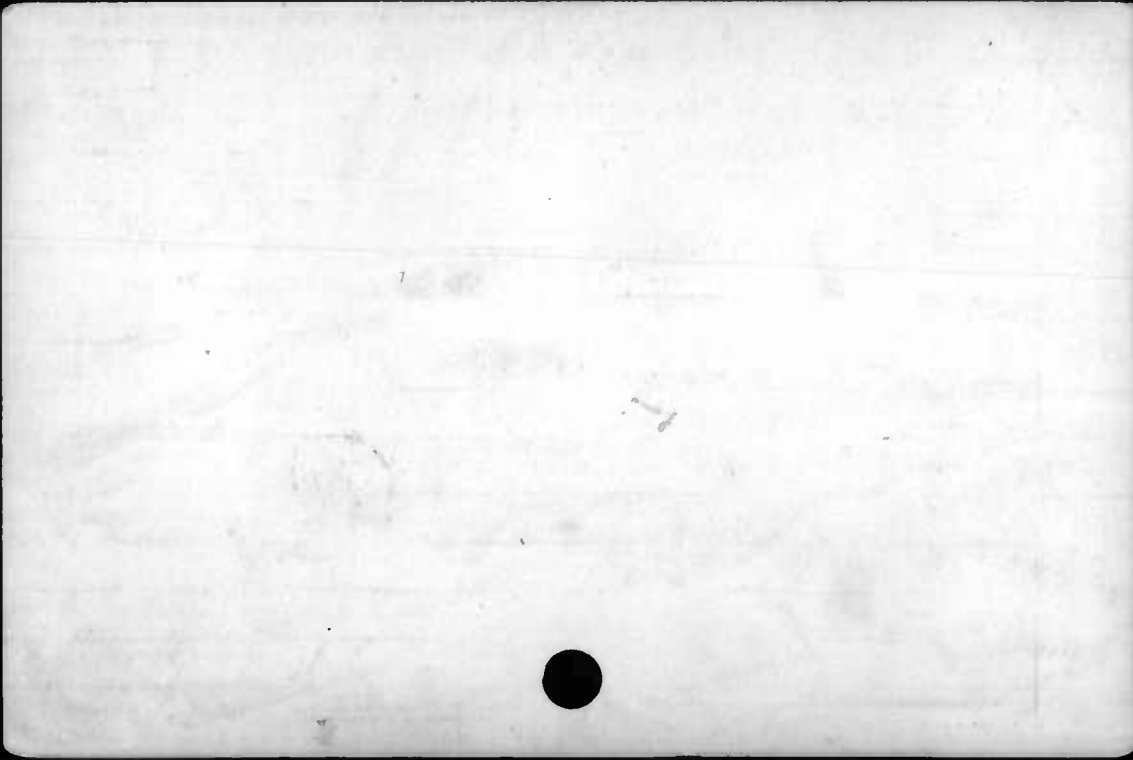
|   |   |                                |        |          |  |
|---|---|--------------------------------|--------|----------|--|
| Died at <i>Stevensville</i> Town                          |   | <i>SW</i> County               |        | MARYLAND |  |
| Date of death. <i>1907</i> Month <i>May</i> Day <i>12</i> | Age <i>68</i> Years                       |                                | Months | Days     |  |
| Sex <i>Female</i>   | Color or Race <i>Colored</i>              | Birth-place <i>Tent Island</i> |        |          |  |
| Occupation <i>Nurse</i>                                   | Where Residing if not at place of death   |                                |        |          |  |
| Married, Single or Widowed <i>widow</i>                   | Name of Wife or Husband <i>Fred Honey</i> |                                |        |          |  |
| Father's Name <i>Jesse Heath</i>                          | Birth-place <i>Tent Island</i>            |                                |        |          |  |
| Mother's Maiden Name <i>I don't know</i>                  | Mother's Birthplace                       |                                |        |          |  |
| Name of person giving information <i>Chas Clayton</i>     | How related to deceased <i>niece</i>      |                                |        |          |  |

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary   | How long                                    |
| Immediate <i>Cardiac Paralysis</i>  | <i>Immediate</i>                            |
| Are the name, age, sex, color, date and place correctly given above: <i>Yrs</i> | Signature of Physician <i>C. Percy Kemp</i> |
|   | <i>Stevensville</i>                         |
|   | <i>Chas.</i>                                |
| Accident or Suicide?  |   |





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |                            |   |   |                 |                 |               |  |
|---|----------------------------|---|---|-----------------|-----------------|---------------|--|
| Died at <i>near Lincentsown</i>                       |                            | Town <i>2</i>                                 |   | County <i>2</i> |                 | MARYLAND      |  |
| Date of death <i>1907</i>                             | Month <i>May</i>           | Day <i>28</i>                                 | Age <i>28</i>   | Years <i>5</i>  | Months <i>5</i> | Days <i>—</i> |  |
| Sex <i>Female</i>                                     | Color or Race <i>White</i> |   | Birth-place <i>Back Mt.</i>                                     |                 |                 |               |  |
| Occupation <i>—</i>                                   |                            |   | Where Residing if not at place of death <i>near Lincentsown</i> |                 |                 |               |  |
| Married, Single or Widowed <i>Single</i>              |                            | Name of Wife or Husband <i>—</i>              |   |                 |                 |               |  |
| Father's Name <i>Robert Joyce</i>                     |                            | Father's Birthplace <i>Back Mt.</i>           |   |                 |                 |               |  |
| Mother's Maiden Name <i>Annie Heydon</i>              |                            | Mother's Birthplace <i>—</i>                  |   |                 |                 |               |  |
| Name of person giving information <i>J. E. Heydon</i> |                            | How related to deceased <i>Fourth in line</i> |   |                 |                 |               |  |

## CAUSES OF DEATH

(93)

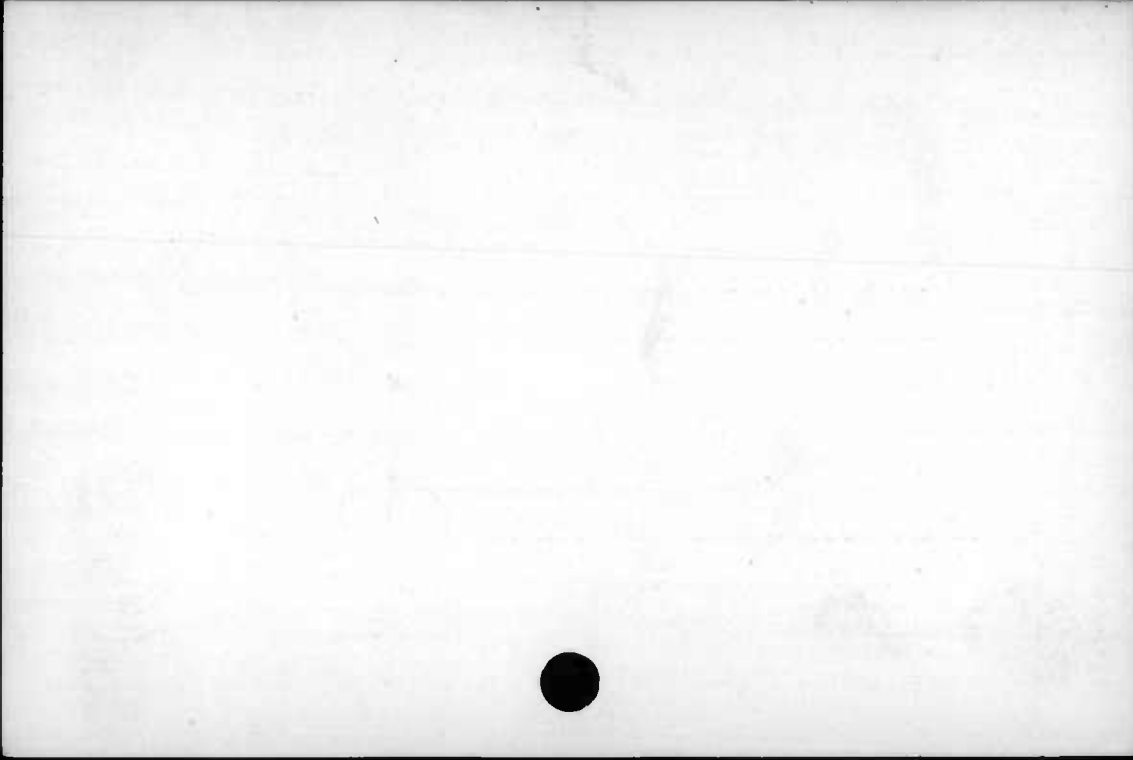
PHYSICIAN  
OR CORONER

|  |   |
|--|---|
| Primary <i>Pneumonia, Lobar,</i>                                     | How long <i>One week</i>                        |
| Immediate <i>Thrush &amp; Heart failure</i>                          | How long <i>Sudden.</i>                         |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Howard B. Hopkins</i> |
|  | Address <i>Lincentsown, Md.</i>                 |
| Accident or Suicide?   |   |

Recd This Card June 10/907  
J. M. A. - SR.

|                                     |   |                            |   |                                    |                        |                      |                          |
|-------------------------------------|---|----------------------------|---|------------------------------------|------------------------|----------------------|--------------------------|
| Name in Full                        |   | McLard Linker              |   |                                    |                        | CERTIFICATE OF DEATH |                          |
| TO BE ANSWERED BY<br>NEAREST FRIEND | Died at <i>near Cuthbertville</i>         |                            | Town <i>Cuthbertville</i>                                     |                                    | County <i>Lawrence</i> |                      | STATE OF <i>MARYLAND</i> |
|                                     | Date of death <i>1907</i>                 | Month <i>5</i>             | Day <i>16</i>   | Age <i>46</i>                      | Years                  | Months               | Days                     |
|                                     | Sex <i>male</i>                           | Color or Race <i>White</i> |   | Birth-place <i>Caroline Co. Md</i> |                        |                      |                          |
|                                     | Occupation <i>Farmer</i>                  |                            | Where Residing if not at place of death <i>Place of death</i> |                                    |                        |                      |                          |
|                                     | Married, Single or Widowed <i>Married</i> |                            | Name of Wife or Husband                                       |                                    |                        |                      |                          |
|                                     | Father's Name <i>—</i>                    |                            | Father's Birthplace   |                                    |                        |                      |                          |
| Mother's Maiden Name                |   | Mother's Birthplace        |   |                                    |                        |                      |                          |
| Name of person giving information   |   | How related to deceased    |   |                                    |                        |                      |                          |

|  |   |  |
|--|---|--|
| PHYSICIAN<br>OR CORONER                          | CAUSES OF DEATH   |  |
|  | Primary <i>Injury from fall from wagon</i>                                      | How long <i>17 min</i>                         |
|  | Immediate <i>Pulmonary Abscess</i>  | How long <i>10 days</i>                        |
|  | Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Wm. H. Trau M.D.</i> |
| Address <i>Cuthbertville</i>                     |   |  |
| Accident or Suicide? <i>Accident</i>             |   |  |
| Signature of Physician <i>James Charles M.D.</i> |   |  |



Name  
in  
Full

Mrs Sallie E. Pratt.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

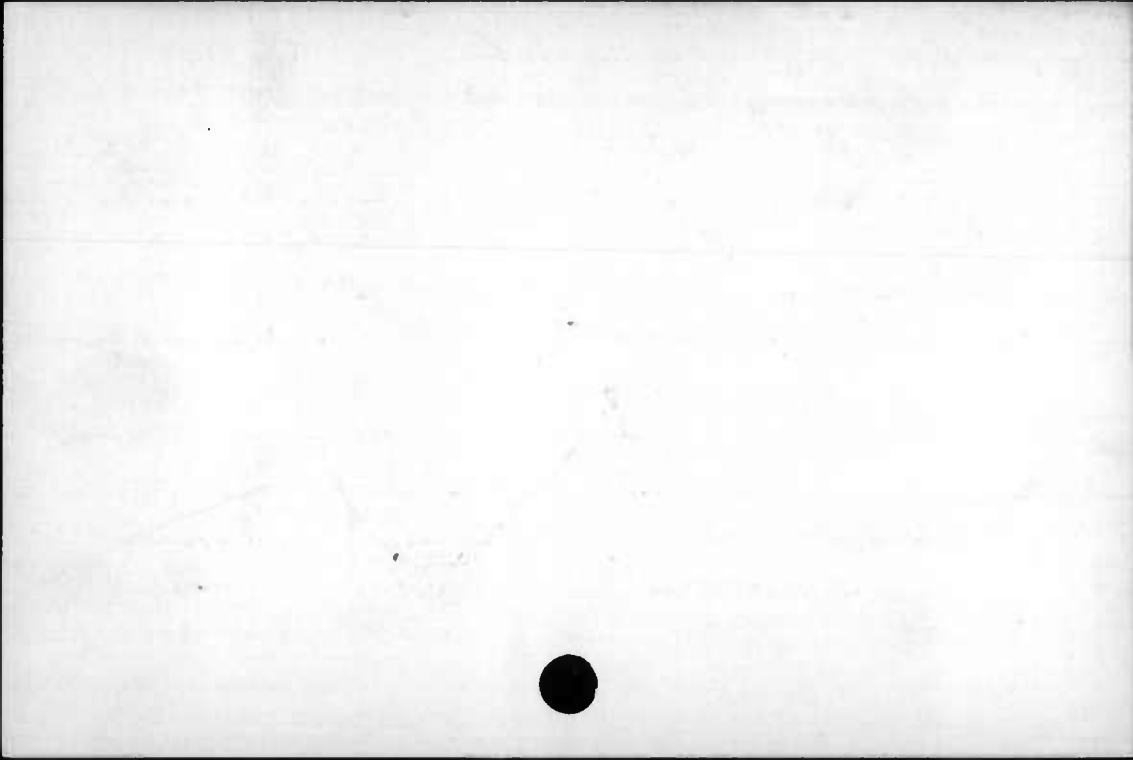
|                                   |                |            |   |               |                |             |           |
|-----------------------------------|----------------|------------|---|---------------|----------------|-------------|-----------|
| Died at                           |                | Hards Town |   | Green Anne Co |                | MARYLAND    |           |
| Date of death                     | 1907           | Month      | May                                     | Day           | 8              | Years       | 80        |
| Sex                               | Female         |            | Color or Race                           | Caucasian     |                | Birth-place | 2 Anne Co |
| Occupation                        | House wife     |            | Where Residing if not at place of death |               | Fords, Md.     |             |           |
| Married, Single or Widowed        | Married        |            | Name of Wife or Husband                 |               | Bennett Pratt. |             |           |
| Father's Name                     | John E. Leane. |            | Father's Birthplace                     |               | 2 Anne Co      |             |           |
| Mother's Maiden Name              | Sallie Leaft   |            | Mother's Birthplace                     |               | 2 Anne Co      |             |           |
| Name of person giving information | Lemuel Leane   |            | How related to deceased                 |               | Brother        |             |           |

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

|  |                |                        |              |
|--|----------------|------------------------|--------------|
| Primary  | Cardiac dropy. | How long               | 2 or months. |
| Immediate  | Heart failure  | How long               | Immediate.   |
| Are the name, age, sex, color, date and place correctly given above? |                | Yes                    |              |
| Signature of Physician   |                | Howard R. Hopkins      |              |
| Address  |                | Greenstown<br>Maryland |              |
| Accident or Suicide?   |                |                        |              |



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*James William Squires*

Town *Crumpston* County *Duane Anne* MARYLAND

Died at *Crumpston*

Date of death 1907 *5<sup>th</sup>* 24 *Age* 11 *Months* 0 *Days*

Sex *Male* Color or Race *White* Birth-place *Crumpston Md*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_

Father's Name *Geo Squires* Father's Birthplace *Crumpston Md*

Mother's Maiden Name *Mary Stiggins* Mother's Birthplace *Crumpston Md*

Name of person giving information *Geo Squires* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Bronchitis* How long *7 m*

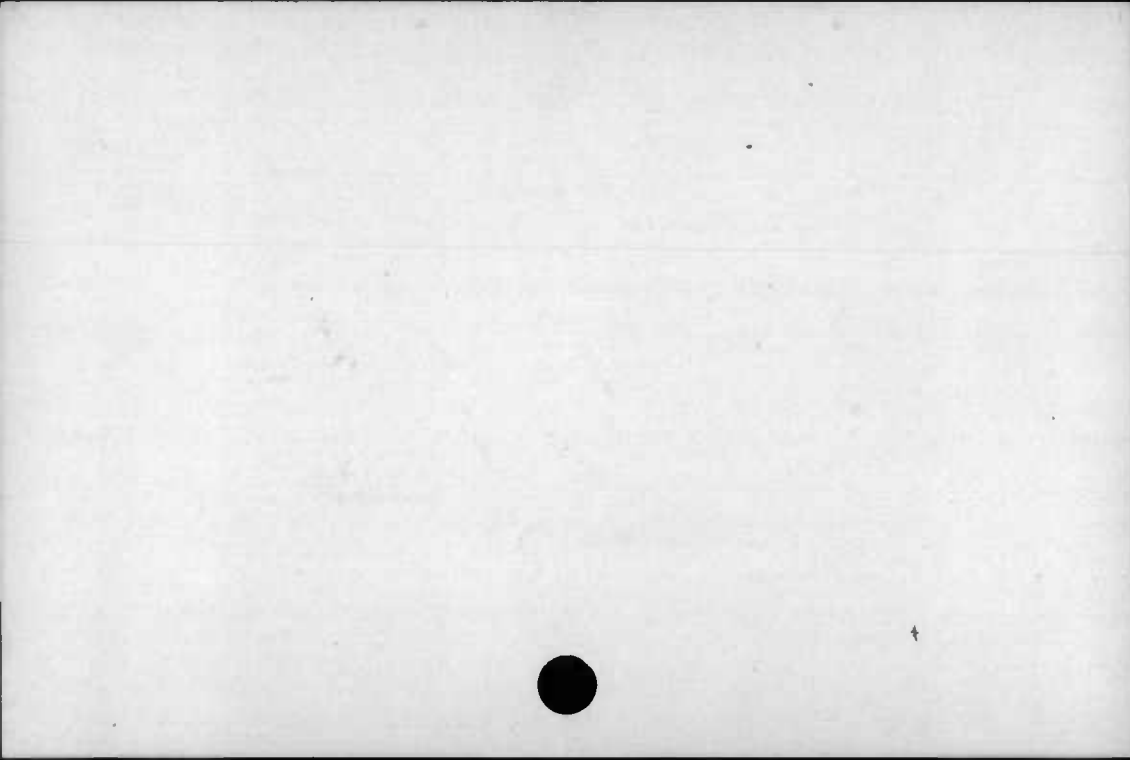
Immediate *Convulsions* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Geo H. Betton Jr. M.D.*

Address *Crumpston, Md.*

Accident or Suicide? \_\_\_\_\_





Name  
in  
Full

Elyza Williams

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

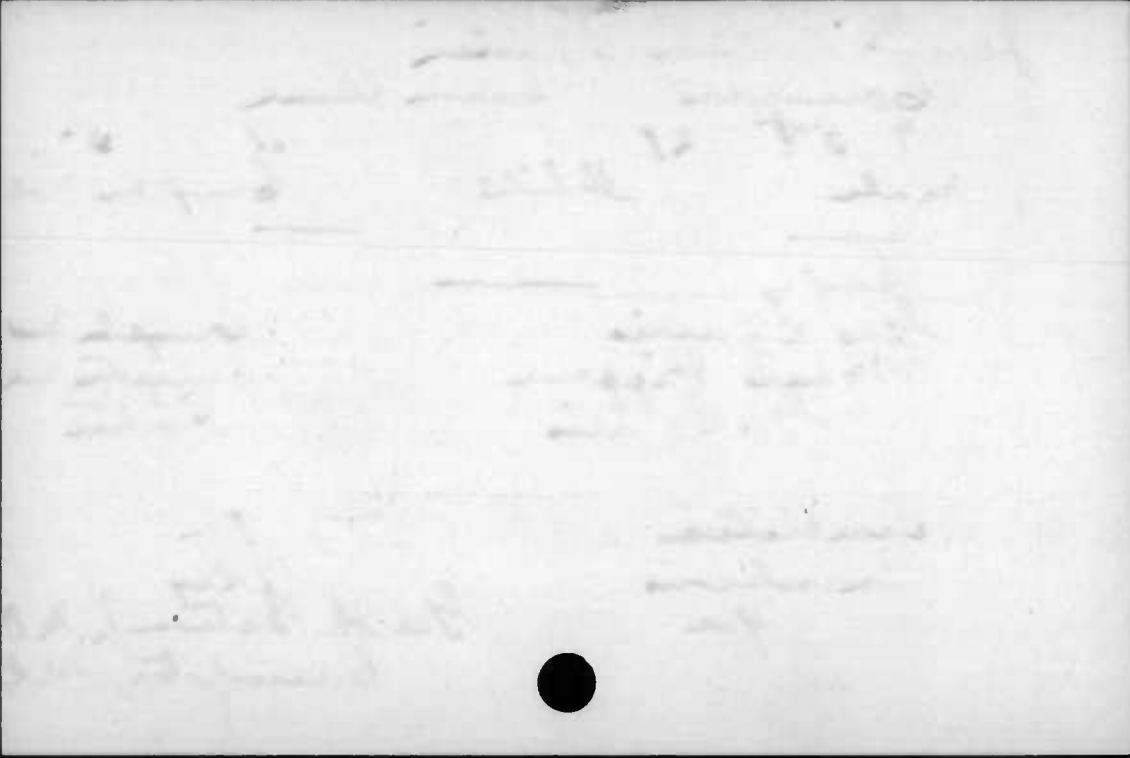
|  |             |   |            |                               |           |          |           |
|--|-------------|---|------------|-------------------------------|-----------|----------|-----------|
| Died at <i>Alms House</i>                    |             | Town                                    |            | County <i>Queen Anne</i>      |           | MARYLAND |           |
| Date of death                                | <i>1907</i> | Month                                   | <i>May</i> | Day                           | <i>20</i> | Years    | <i>70</i> |
| Sex <i>Female</i>                            |             | Color or Race <i>Negro</i>              |            | Birth-place <i>Don't Know</i> |           | Months   | Days      |
| Occupation <i>Servant</i>                    |             | Where Residing if not at place of death |            | <i>2 A. So</i>                |           |          |           |
| Married, Single or Widowed <i>No History</i> |             | Name of Wife or Husband                 |            |                               |           |          |           |
| Father's Name                                |             |   |            | Father's Birthplace           |           |          |           |
| Mother's Maiden Name                         |             |   |            | Mother's Birthplace           |           |          |           |
| Name of person giving information            |             | <i>My Sister</i>                        |            | How related to deceased       |           |          |           |

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

|  |                      |   |          |
|--|----------------------|---|----------|
| Primary  | <i>Natural decay</i> | How long                                    | <i>—</i> |
| Immediate  | <i>—</i>             | How long                                    | <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? |                      | Signature of Physician <i>J. H. Jackson</i> |          |
|  |                      | Address <i>Centerville 2 A. So Md</i>       |          |
| Accident or Suicide? <i>—</i>  |                      |   |          |



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |  |  |                                   |  |                          |  |
|---|--|--|--|-----------------------------------|--|--------------------------|--|
| Name<br><i>Emma Wright</i>                                |  | Town<br><i>Brownville</i>  |  | County<br><i>Dade</i>             |  | State<br><i>MARYLAND</i> |  |
| Died at<br><i>Brownville</i>                              |  | Month<br><i>May</i>  |  | Day<br><i>21</i>                  |  | Years<br><i>37</i>       |  |
| Date<br>of death<br><i>1907 May 21</i>                    |  | Age<br><i>37</i>   |  | Months<br><i>—</i>                |  | Days<br><i>—</i>         |  |
| Sex<br><i>Female</i>                                      |  | Color or<br>Race<br><i>Black</i>                                   |  | Birth-<br>place<br><i>D.A. Co</i> |  |                          |  |
| Occupation<br><i>Housekeeper</i>                          |  | Where Residing if not<br>at place of death<br><i>at Brownville</i> |  |                                   |  |                          |  |
| Married, Single<br>or Widowed<br><i>Married</i>           |  | Name of Wife or<br>Husband<br><i>Wm. Wright</i>                    |  |                                   |  |                          |  |
| Father's<br>Name<br><i>Wm. Anderson</i>                   |  | Father's<br>Birthplace<br><i>D.A. Co</i>                           |  |                                   |  |                          |  |
| Mother's<br>Maiden Name<br><i>Fannie Sanders</i>          |  | Mother's<br>Birthplace<br><i>D.A. Co</i>                           |  |                                   |  |                          |  |
| Name of person giving<br>Information<br><i>Wm. Wright</i> |  | How related<br>to deceased<br><i>Husband</i>                       |  |                                   |  |                          |  |

CAUSES OF DEATH

**159**

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide?

*Heart Failure*

*Yes*

*Wm. Wright*

*at Brownville*

*No Physician*

*no*



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

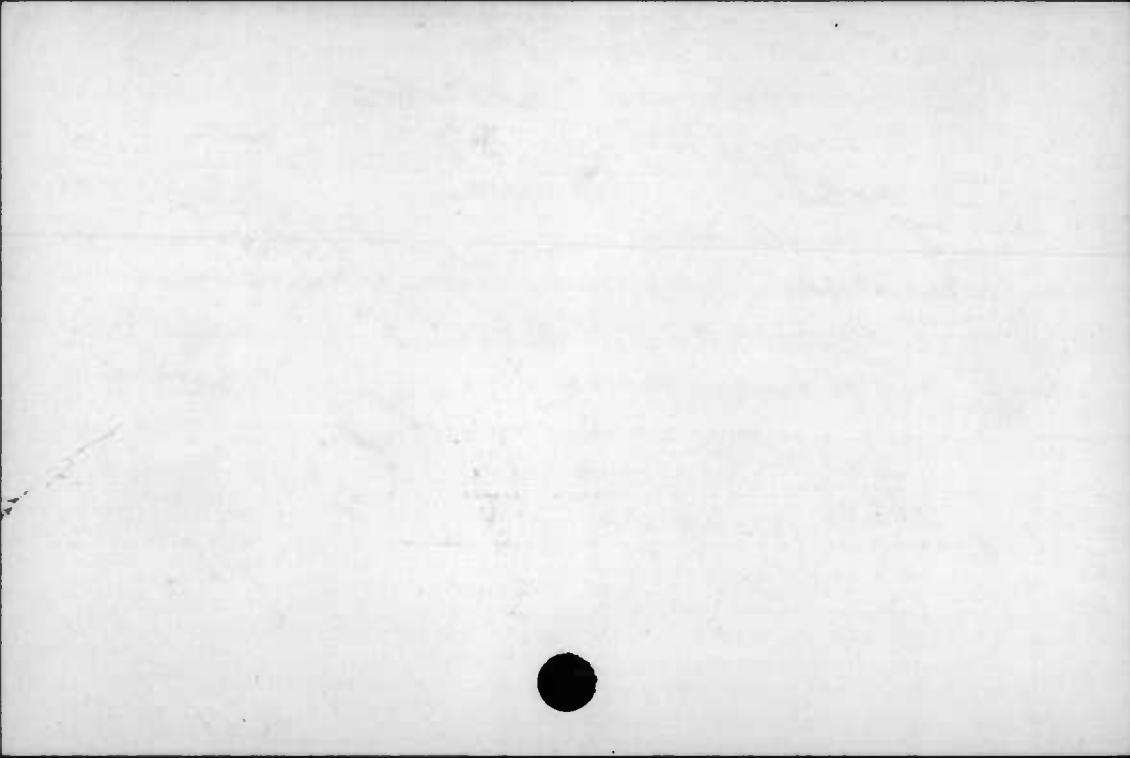
|   |  |                                  |  |          |  |
|---|--|----------------------------------|--|----------|--|
| Died at <u>Havilla</u> <sup>Town</sup>  |  | <u>Q.A. Co</u> <sup>County</sup> |  | MARYLAND |  |
| Date of death <u>1907</u> <sup>Month</sup> <u>May</u> <sup>Day</sup> <u>1</u> <sup>Years</sup> <u>1</u> <sup>Months</sup> <u>1</u> <sup>Days</sup> <u>1</u> |  | Age <u>1</u>                     |  |          |  |
| Sex <u>Female</u>   | Color or Race <u>White</u>                                       | Birth-place <u>Q.A. Co</u>       |  |          |  |
| Occupation <u>None</u>  | Where Residing if not at place of death <u>at place of death</u> |                                  |  |          |  |
| Married, Single or Widowed <u>Single</u>  | Name of Wife or Husband  |                                  |  |          |  |
| Father's Name <u>Daniel W. Wright</u>   | Father's Birthplace <u>Q.A. Co</u>                               |                                  |  |          |  |
| Mother's Maiden Name <u>Mary Wright</u>   | Mother's Birthplace <u>Q.A. Co</u>                               |                                  |  |          |  |
| Name of person giving information <u>Daniel W. Wright</u>   | How related to deceased <u>Father</u>                            |                                  |  |          |  |

CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <u>Whooping Cough</u>   | How long <u>2 or 3 weeks</u>              |
| Immediate <u>Cerebral Congestion</u>  | How long <u>1 day</u>                     |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>Markus M.D.</u> |
|   | Address <u>Centre</u>                     |
| Accident or Suicide? <u>No</u>  | <u>Frem. Can. Co.</u>                     |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |                                      |  |  |  |
|---|--|--------------------------------------|--|--|--|
| Died at <i>Rosville</i> <small>Town</small>   |  | <i>Q.A. Co</i> <small>County</small> |  | MARYLAND                                     |  |
| Date of death <i>1907</i> <small>Month</small> <i>May</i> <small>Day</small> <i>1</i> |  | Age <i>2</i> <small>Years</small>    |  | Months <i>2</i> <small>Days</small> <i>1</i> |  |
| Sex <i>Female</i>   | Color or Race <i>White</i>                                       | Birth-place <i>Q.A. Co</i>           |  |  |  |
| Occupation <i>None</i>  | Where Residing if not at place of death <i>at place of death</i> |                                      |  |  |  |
| Married, Single or Widowed <i>Single</i>  | Name of Wife or Husband  |                                      |  |  |  |
| Father's Name <i>Reuben W. Wright</i>   | Father's Birthplace <i>Rockwell Co.</i>                          |                                      |  |  |  |
| Mother's Maiden Name <i>Mary Porter</i>   | Mother's Birthplace <i>Q.A. Co.</i>                              |                                      |  |  |  |
| Name of person giving information <i>Reuben W. Wright</i>                             | How related to deceased <i>Father</i>                            |                                      |  |  |  |

## CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <i>Throbbing Cough</i>  | How long <i>2 or 3 weeks</i>                   |
| Immediate <i>Cerebral Congestion</i>  | How long <i>1 day</i>                          |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>J. W. Kraus M.D.</i> |
|   | Address <i>Rockwell Co. Tenn.</i>              |
| Accident or Suicide? <i>no</i>  |  |

